

**SOUTH-WEST METROPOLITAN  
REGION**



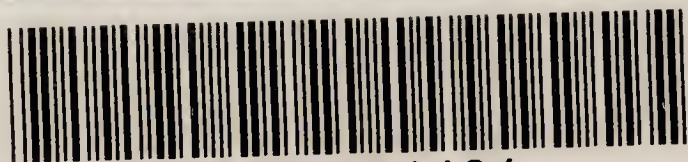
**GRAYLINGWELL HOSPITAL  
CHICHESTER**  
(Group No. 45)



**FIFTY-THIRD  
ANNUAL REPORT**

**1950**





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SOUTH-WEST METROPOLITAN REGION

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FIFTY-THIRD

ANNUAL  
REPORT

of

GRAYLINGWELL HOSPITAL

CHICHESTER

(Group No. 45)

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# The Management Committee.

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MR. A. CAIRNS, (*Chairman*).

MR. D. BRYCE, C.ST.J.

MR. R. P. CHESTER, J.P.

MR. H. H. CORDERY, B.E.M.

DR. L. C. de R. EPPS, M.A., M.B., B.Ch.

MRS. E. M. HOLMAN.

LT.-COL. G. B. KENSINGTON, O.B.E., O.ST.J.

MR. D. A. LANGHORNE, M.B.E., F.R.C.S.

MR. W. J. LANGMEAD.

MRS. M. E. LAWSON.

MR. N. LONGLEY.

MR. W. G. S. NAUNTON.

MRS. P. B. P. NAUNTON.

MR. P. A. NORMAN, J.P.

MR. W. D. PASSMORE.

DR. D. RICE, M.A., M.B., B.Ch., D.P.M.

## Sub-Committees.

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### Farm and Grounds :

MR. W. J. LANGMEAD, (*Chairman*)

MR. R. P. CHESTER.

MR. P. A. NORMAN.

MR. D. A. LANGHORNE.

MR. W. D. PASSMORE.

### House and Stores :

MR. W. G. S. NAUNTON, (*Chairman*)

MR. H. H. CORDERY.

MRS. M. E. LAWSON.

DR. L. C. de R. EPPS.

MR. N. LONGLEY.

### Finance :

MR. D. BRYCE, (*Chairman*)

MRS. E. M. HOLMAN.

DR. D. RICE.

MRS. P. B. P. NAUNTON.

LT.-COL. G. B. KENSINGTON.

### Secretary of the Management Committee :

MR. E. C. ENGLAND, F.H.A.

# VISITING STAFF.

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<i>Physicians</i> .....	{ H. SEAWARD MORLEY, M.D., F.R.C.P., (Lond.) J. G. J. GREEN, F.R.C.S.I., M.R.C.P.
<i>Physician in Neurology and E.E.G.</i> .....	B. G. PARSONS-SMITH, O.B.E., M.D., M.R.C.P.
<i>Psycho-Analyst</i> .....	ERNEST JONES, M.D., F.R.C.P.
<i>Psycho-Therapist</i> .....	O. B. SHARP, M.B., B.S., M.R.C.S., L.R.C.P.
<i>Surgeons</i> .....	{ D. A. LANGHORNE, M.B.E., F.R.C.S. (Ed.) A. G. ROSS, F.R.C.S.I.
<i>Surgeon, Eye Department</i> ...	FRANK HECKFORD, M.R.C.S., L.R.C.P., D.O.M.S.
<i>Surgeon, Ear, Nose &amp; Throat Department</i> .....	J. H. HARLEY GOUGH, M.A., M.R.C.S., L.R.C.P.
<i>Anæsthetists</i> .....	{ P. R. BROMAGE, M.B., B.S., D.A. S. E. OSBORNE, L.M.S.S.A., D.A.
<i>Radiologist</i> .....	J. H. BAIRD, M.B., Ch.B., D.M.R.E.
<i>Pathologist</i> .....	D. P. KING, M.D. (Cantab.)
<i>Dermatologist</i> .....	COLIN JONES, M.B., B.S.
<i>Dental Surgeon</i> .....	A. J. ROBERTS, L.D.S., R.C.S. (Eng.)



# OFFICERS.

<i>Consultant Psychiatrist and Medical Superintendent.....</i>	JOSHUA CARSE, M.D., D.P.M. (Consultant Psychiatrist to the Royal West Sussex Hospital, Chichester, Worthing Hospital and Horsham Hospital).
<i>Consultant Psychiatrist and Deputy Med. Superintendent</i>	E. P. H. CHARLTON, M.D., D.P.M. (Psychiatrist to the Royal West Sussex Hospital, Chichester).
<i>Consultant Psychiatrist.....</i>	VACANT.
<i>Consultant Psychiatrist and Director of Clinical Research</i>	MARTIN ROTH, M.D., M.R.C.P., D.P.M.
<i>Psychiatrists.....</i>	{ DAVID RICE, M.A., M.B., B.Ch., D.P.M. NYDIA E. PANTON, M.A., M.B., Ch.B., D.P.M.
<i>Senior Registrars.....</i>	{ JOHN D. MORRISSEY, M.B., B.Ch. D.P.M. VACANT.
<i>Registrars.....</i>	{ M. SALZMANN L.R.C.P., L.R.C.S., L.R.F.P.S. J. TOWERS, M.B., B.Ch.
<i>Junior Hospital Med. Officer</i>	R. H. PARK, B.Sc., M.B., Ch.B.
<i>House Physician.....</i>	VACANT.
<i>Clinical Psychologist.....</i>	R. M. MOWBRAY, M.A. (Hons.)
<i>Physio-Therapist.....</i>	M. W. HARRY, M.C.S.P., M.E., L.E.T.
<i>Chaplain .....</i>	REV. J. C. SALISBURY, L.Th. (Durham)
<i>Chaplain, R.C. ....</i>	REV. J. B. HARTE, B.A. (N.U.I.)
<i>Chaplain, Free Church.....</i>	REV. P. J. SPOONER, B.D.
<i>Secretary of the Management Committee, Finance and Supplies Officer</i>	{ E. C. ENGLAND, F.H.A.
<i>Matron.....</i>	L. DE GRAS, S.R.N., R.M.N., S.C.M.
<i>Chief Male Nurse.....</i>	S. G. RICHARDS, R.M.N.
<i>Social Workers .....</i>	{ E. E. NEVELL. M. JOSEPHINE BUTCHER, Barrister at Law. BARBARA NEVELL.
<i>Head Occupational Therapist</i>	M. THOMPSON, M.A.O.T., O.T.R.
<i>Chief Pharmacist .....</i>	JACK FLITCROFT, Ph.C., M.P.S.
<i>E.E.G. Technician.....</i>	J. C. SHAW, B.Sc., Grad. I.E.E. A.M.E.P.T.A
<i>Senior Laboratory Technician</i>	H. A. SEYMOUR, A.I.M.L.T., M.R.I.P.H.H.
<i>Engineer.....</i>	J. C. CHYNOWETH, A.M.C.T. (Mech. Eng.)
<i>Farm Bailiff .....</i>	W. H. HIGGOTT.



SOUTH-WEST METROPOLITAN REGION

*Graylingwell Hospital, Chichester.*

(Group No. 45)

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The Second Report of the Management Committee

being the

**FIFTY-THIRD**

Annual Report of Graylingwell Hospital

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## 1. INTRODUCTION.

The Management Committee have pleasure in submitting their second annual report since the transfer of the Hospital to the National Health Service, being the fifty-third since the opening of the Hospital.

The year under review has been both active and progressive and the members of the Committee have been most impressed by the enthusiasm and the unceasing efforts of the staff to promote the mental and general welfare of the patients under their care.

Those who read the annual report of the Medical Superintendent, which is appended, will, the Committee feel sure, be equally impressed while the interesting information and statistical data it contains should serve as a timely reminder to some and, perhaps, a surprising revelation to others, of what is being done by the Hospital and its ancillary services not only to overcome but also to prevent serious mental disorders in the community.

## 2. CONSTITUTION OF COMMITTEE.

Details of the membership of the Committee, the constitution of which has not changed, will be found on page 4 of this Report.

### 3. FINANCE.

The accounts of the Finance Officer have been regularly inspected by the appropriate Sub-Committee at their monthly meetings and periodically audited by the Health Service Auditor, who has made an entirely satisfactory report in respect of the period ended 31st March, 1949.

The Committee are satisfied that such expenditure as remains under their immediate control has been wisely and economically administered.

Unfortunately, under present circumstances with costs generally rising, it is difficult, if not impossible, to forecast future expenditure with any degree of certainty and, for the same reason, it is not possible to budget for a lower rate of expenditure.

The Minister of Health has accepted the contention of the Management Committee that the balances standing to the credit of the Benevolent Fund and the Nurses' Prize Fund at 5th July, 1948 should not be transferred to him.

### 4. TREATMENT.

The various means of treatment are reviewed at length in section 3 of the Medical Superintendent's Report and a detailed analysis is, therefore, not necessary in this Report.

There are, however, some points which arise in connection with treatment and which might well be emphasized here.

FIRSTLY: By the more extensive use of physical treatments at the three Out-patients' Clinics, an increasing number of patients are being successfully treated without recourse to In-patient treatment.

SECONDLY: Through the kindness and willing co-operation of the respective Management Committees, facilities have been provided which enable suitable and specially selected cases to receive psychiatric treatment as In-patients at the General Hospitals in Chichester and Horsham, the units being under the direct control of a Psychiatrist from Graylingwell Hospital.

For patients in the Worthing area, similar facilities are available at our Rehabilitation and Treatment Centre at "The Acre" which is, of course, wholly under the direction of the Graylingwell medical staff.



THIRDLY : Only in exceptional circumstances is full certification resorted to as the method of admission to Graylingwell Hospital ; in fact of the total admission of 738 patients, only 11% were dealt with in this way which percentage, it must be remembered, includes a large number of senile cases.

It speaks well for the reputation of the Hospital that no less than 650 patients voluntarily applied to receive treatment, and it is also a tribute to the "Public Relations" campaign which Dr. Carse has conducted for many years and to which he rightly attaches considerable importance.

The Committee believe that it is these two factors which largely account for the increase of 163 patients over the previous year's admissions, and they have no reason to regard it as an indication that mental disorders are markedly increasing.

They see no grounds for despondency, therefore, but rather are they encouraged in the belief that the growing confidence in the Hospital is leading to a greater willingness on the part of the patients to seek treatment at an early stage of their illnesses, and that by so doing they are taking the initiative in preventing mental deterioration and possible chronicity.

LASTLY : The Committee have noticed with pleasure that the average duration of In-patient treatment is diminishing ; in the majority of uncomplicated cases, patients have been able to return fully recovered to their homes and employment after a residence in the Hospital of only a few weeks.

## 5. HEALTH.

The health of both patients and staff has been generally satisfactory throughout the year.

In their first annual report, the Management Committee expressed the hope that arrangements would be made for senile patients to be accommodated elsewhere than at a mental hospital. This is a matter which has continued to cause concern and is, incidentally, the main reason for the high death rate of 1949.

From every point of view, it is undesirable that these unfortunate people should spend their remaining days as certified patients in mental hospitals and the Committee have, therefore, welcomed an intimation that the subject has received active consideration at the highest level.

They sincerely hope that financial considerations will not be permitted to interfere with the important proposals which have been made and which, if implemented in this area, should solve what has become to the Committee a pressing and disturbing problem.

## **6. MEDICAL STAFF.**

By the death at an early age of Dr. M. B. Brody, the Hospital and, indeed, psychiatry in general, has sustained a grievous loss. Dr. Brody came to Graylingwell as Deputy Medical Superintendent in 1946 but relinquished this appointment in July, 1949 to succeed Dr. E. Stengel as Director of Clinical Research.

He will long be remembered not only for his outstanding professional abilities, which had gained him an international reputation, but also for his charming personality which had endeared him to all with whom he was associated.

He has been succeeded as Deputy Medical Superintendent by Dr. E. P. H. Charlton, to whom a cordial welcome is extended, and his successor as Director of Clinical Research is to be Dr. Martin Roth.

Another loss to the Medical establishment, but in happier circumstances, was occasioned by the resignation of Dr. R. L. Buttle to take up a senior appointment at Fulbourn Hospital, Cambridge; he is to be congratulated on this well-earned promotion.

The advice of the Group Medical Advisory Committee has been of great assistance to the Management Committee in their consideration of medical matters and thanks are due to them for their co-operation.

## **7. STRUCTURAL AND CAPITAL WORKS.**

The following major schemes were completed during the year:—

Improvements to Staff Accommodation.

Erection of hut for use as a Preliminary Training School.

Connection of the Hospital to the public electricity supply.

Connection of Old Place Farm Cottages to the public water supply.

Extension of the water supply to all Farm Meadows.



Purchase of Woodfield House, Oving for use as a Nursing Staff Hostel.

Alterations to Cinema Projection Room and the Recreation Hall.

The Regional Hospital Board has agreed that the present X-Ray Plant should be replaced by a more suitable apparatus during the current year and it is hoped that the building of four staff cottages will be commenced at an early date.

The scheme to modernise the Hospital Laundry was abandoned in favour of a proposal to send all laundry work to the Central Laundry at Chichester.

## **8. FARM.**

The Hospital Dairy Herd has been highly successful and for the second year in succession was awarded the "North" Challenge Cup for the highest average yield (11,378 lbs.) for a Shorthorn Herd in West Sussex.

All concerned are to be congratulated on this achievement more especially having regard to the unfavourable conditions under which the farm staff are working.

The Architect's plans for the erection of new cowsheds and dairy have, however, been submitted to the Regional Hospital Board, who are being urged to give immediate priority to this important and very necessary scheme.

The Farm was able to supply the full quantities of milk and eggs needed by the Hospital, but, due to the drought which continued throughout the summer of 1949, and for the first time in memory, it was necessary to supplement farm produce by purchased supplies of potatoes and vegetables.

## **9. GENERAL.**

Dr. R. G. Anderson and H. Green, Esq., Commissioners of the Board of Control, made an extremely favourable report on the occasion of their statutory visit and a copy is appended.

The report of the Secretary, Finance and Supplies Officer and the reports of the Chaplains are also appended.

Finally, the Committee desire to extend their sincere thanks to all the Officers and members of the Staff and more particularly

to record their appreciation of the work of Dr. Joshua Carse,  
the Medical Superintendent.

Signed on behalf of the Management Committee at a  
meeting held on the 29th June, 1950.

ANDREW CAIRNS,

*Chairman.*



# ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

GRAYLINGWELL HOSPITAL,  
CHICHESTER.

*25th May, 1950.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Fifty-third Annual Report of your Hospital for the year ended 31st December, 1949, together with an account of its extra-mural services.

## A. EXTRA-MURAL PSYCHIATRIC SERVICES.

### 1. OUT-PATIENT CLINICS.

The Clinics are held at 2.30 p.m. on Mondays at Horsham Hospital, Tuesdays at Worthing Hospital, and Thursdays at the Royal West Sussex Hospital, Chichester. Details of the attendances during 1949 are shown below :

			New Patients	Other Attendances	Total Attendances
Worthing...	...	...	271	480	751
Chichester	...	...	222	509	731
Horsham...	...	...	108	226	334
			601	1215	1816

To enable a greater number of patients to be examined and treated, each Clinic is staffed by two psychiatrists, a registrar and a psychiatric social worker. In this way we have for some time been able to obviate waiting lists at any of the clinics—a fact much appreciated by the referring doctors and the patients.

Arrangements are now complete for the opening of an additional clinic at the Horsham Hospital. This will be held on Thursday evenings, enabling patients to attend without losing time from work.

The senior medical staff continue to provide an out-patient service at Graylingwell Hospital. Many new cases have been examined and reported upon. These patients are seen by appointment, usually in the evening or at the weekend, and this

service meets the needs of the patients resident in the Chichester area who are unable to attend the clinic at the Royal West Sussex Hospital. Similarly, provision has been made for out-patients in the Worthing area to be seen by appointment at our Treatment Centre in that town.

Electric convulsant therapy and modified insulin shock therapy are now available for out-patients at Chichester, Worthing and Horsham. These physical treatments are most valuable and undoubtedly have helped to bring about recovery in many patients who otherwise would have required to come into hospital. Since August 1942, 414 out-patients have received E.C.T.

Special arrangements were made for selected cases to receive prolonged psychotherapy from Dr. Olive Sharp.

**Method of Referral.**—Appointments for new patients can be made by application to the Almoner of the Hospital they wish to attend.

## **2. EXTRA-MURAL UNITS FOR IN-PATIENT TREATMENT.**

**Royal West Sussex Hospital, Chichester.**—Dr. Rice, who has been in charge, reports :

“ From 1st January, 1949, beds were made available in the Royal West Sussex Hospital for in-patient treatment of selected psychiatric patients. The arrangements made have proved useful and I think quite satisfactory from the viewpoint of the patients themselves, the Hospital Authorities, medical and nursing, and for my own convenience in looking after them.

From the first it was realised that a strict allocation of beds was unnecessary and wasteful, and the arrangements made were that up to 4 patients could be under my direct charge at any one time. The Medical Secretary's Department has always been co-operative and has arranged an early priority for admission and there has been no undue delay.

The patients admitted have been selected with care from those attending the Out-patient Department and certain considerations have to be borne in mind. The patients must obviously be wholly co-operative, they must be suitable for a general ward, and they must require no greater degree of psychiatric observation than can be provided by the Ward Sister and her staff of general, though not psychiatrically, trained nurses. (In this respect I have, perhaps, been particularly fortunate in the



number of members of our own staff seconded to the Royal West Sussex Hospital for general training who have been working in the medical wards concerned).

At first the whole question of up space and occupation needed adjustment, for it is customary in a general hospital for the patients' relatives to take home the bulk of the patients' clothes, but this proved a small matter and the nursing staff have become accustomed to my patients retaining their clothes, being allowed up in the early days of their stay in hospital, and have found many useful jobs for them in the wards as well as their being free to attend the Occupational Therapy Department and to have privileges in the town. At least two patients were very considerably helped by the feeling of usefulness engendered by being sent on shopping expeditions by Sister.

The most used treatments have undoubtedly been modified insulin, E.C.T., and sedation, combined, of course, with occupational therapy and general social therapy, but for the latter a general hospital is not well provided and where it is to play a big part, admission to Graylingwell or 'The Acre' is preferable. Patients have been mainly suffering from depression or anxiety, but some have been admitted for general investigation

During 1949, 19 patients were treated—9 men and 10 women. Of these, 17 were suffering from affective disorders, one from an organic condition, and one was admitted for investigation. Results were uniformly good; only two patients failed to respond to treatment in this Unit and they were subsequently admitted to Graylingwell as voluntary patients. The average length of stay was a little over 3 weeks."

**Rehabilitation and Treatment Centre, Worthing.**—Dr. Pantou, who is the resident doctor in charge of this unit, reports :

"This Centre continues to cater both for convalescent patients from Graylingwell and for selected direct admissions. The latter are patients of good prognosis suffering from psychoneuroses or from early recoverable psychotic breakdowns who are considered likely to respond favourably to a short period of in-patient treatment.

The Centre has 13 beds for women and five for men. Since its reorganisation in November 1948, the Centre has received 114 convalescents (M.35, F.79) and 76 direct admissions (M.3, F.73).

Both in treatment and rehabilitation great importance is attached to a planned programme. This includes handicrafts

under the supervision of a trained occupational therapist and varied social activities, indoor games, walks, cycle rides, visits to concerts and to the theatre etc. In addition, almost all patients receive daily psychotherapy, and physical treatments are also extensively used, not only for the direct admissions but also in many cases for those transferred from Graylingwell who are thus able to continue and complete their active treatment at the Rehabilitation Centre. Treatment given to in-patients since November, 1948, include modified insulin 78 (M.4, F74), E.C.T. 38 (M.3, F35), narco-analysis 12 (M.1, F.11). It is found very beneficial to the patients to be able to be treated in this small unit, with its more personal and individual approach and with greater liberty and freedom from certain restraints and regulations which are inevitable in a large hospital. There is less interruption of normal activities and interests during the period of illness and a smoother and easier return afterwards. It is also possible to do more follow-up work, especially through the Out-Patients' Social Club which many join as they leave the Centre. It is thus possible to reduce the period of hospitalisation and to help the patients to re-establish and maintain their self-confidence by keeping in touch with them for some time.

In addition a considerable amount of out-patient work is carried on at the Centre in association with the Worthing Hospital Clinic, and this includes modified insulin (28), E.C.T. (43), narco-analysis (12), and psychotherapy (36)."

**Horsham Hospital.**—Dr. Tibbetts, who has been in charge of the clinic, has made the necessary arrangements for the psychiatric treatment of in-patients at that Hospital and he reports as follows :

" The Horsham Hospital has kindly placed at our disposal facilities for treating a limited number of specially selected in-patients. It is thought that this development will bring new advantages to the family doctor, the patient and the psychiatrist, and it is particularly welcome in the treatment of psychosomatic disorders. Two in-patients have already been admitted."

### 3. SOCIAL SERVICES.

In the practice of psychiatry, the social aspects of the work are of paramount importance and the social workers are indispensable members of the psychiatric team. They have attended the clinics and collected the information required by the psychiatrist. They have visited patients' the homes and



given advice and guidance on innumerable domestic and social problems. They have been of practical assistance over matters such as employment, accommodation, and finance. Always, however, they have remained the wise and sympathetic friend of the patient to whom he could turn at any time for help and encouragement.

The Out-patient social clubs are now firmly established and are very popular with the patients. These clubs are designed to meet the needs of the psychiatric patient in one of his greatest difficulties, that is, his social life, and no one who has had experience of such clubs can doubt their great therapeutic value.

Of the social club at Chichester, known as the "Concord Club," Dr. Rice, who has been in charge, reports as follows :

"As with so many of the other activities of the Hospital, 1949 was a difficult year for the Club owing to disorganisation through Dr. Brody's illness and consequent staff shortage. Continuity was lacking and the members showed some falling off early in the year, but owing to the enthusiasm of Miss Butcher, Miss Clark and some of the Club's Committee, there was no break in the meetings.

The Club originally met at 47, West Street, but meetings are now held at the Health Centre, Chapel Street, Chichester, which proves quite suitable. The attendances are usually 20-25, but owing to lack of continuity dropped earlier in the year. Lately they have again been very satisfactory and there is no doubt that the Club's meetings and activities have proved of very great assistance to many of its members.

The evenings are divided, the early part being spent in games, sing-songs, handicrafts and discussions in small unorganised groups, while after refreshments a more definite programme is carried out. Since I took over the charge of the Club in May of last year, I have tried to have one evening a month for "Doctor's Discussion" when one can make an attempt at more definite group psychotherapy including the bringing forward of those reluctant to take part in ordinary discussions. Other evenings are variously spent, some idea of the activities being given by the following which have taken place during the year. Games Evening, 'Twenty Questions,' Quiz, Brains Trust, Film Show, 'Beetle Drive,' talks by outside speakers, including a Probation Officer and one on China by an ex-Missionary. A new feature in the summer was a coach trip which proved very popular, as did a 'Sports Evening' until unfortunately spoiled by

rain. Dr. Morrissey who has assisted regularly at the Royal West Sussex Clinic has taken a keen interest and an active part in the Club's work."

Dr. Panton, who organised and has been in charge of the social club at Worthing, reports as follows :

"At the Treatment Centre in Worthing social activities have continued and increased in scope. In October, 1949, an Out-Patients' Social Club was formed.

The Club has an active membership of 24 and also patients resident in the house usually attend and enjoy its weekly meetings. It is especially appreciated by those who are rather lonely, and it is also of very great help to a number of shy individuals who find a difficulty in meeting others and making friends. It also provides an opportunity to maintain a friendly but unobtrusive supervision of a large number of patients, to encourage them in re-establishing themselves, and to look out for, and help them, to combat any tendency to relapse.

The Club elects its own committee which is responsible for arranging meetings. The programme is varied and stimulating and has included games and competitions, whist drives, 'Twenty Questions,' discussions, quiz, table tennis, a 'beetle drive,' and a musical evening provided by the members themselves. There was a most successful Christmas party at which a one-act pantomime was performed, and several members would like to form a dramatic section of the club in the near future.

As well as the weekly indoor meetings, there have been week-end rambles once a month, generally including a picnic tea on the Downs. These have been popular and well attended, and during the summer cycle rides have been planned in addition. In this way it is hoped to widen the Club's activities and to reach certain beauty spots and places of interest which are a little further away and less familiar. These excursions also provide a meeting ground for some ex-patients who do not live near enough to attend the regular club meetings."

#### **4. MARRIAGE GUIDANCE.**

Dr. Rice is the Psychiatrist serving on the panel of consultants of the Marriage Guidance Council in this District, and the following is his report :

"In September 1949, when it was known that Dr. Buttle was leaving the district, I was asked if I would take his place as



Hon. Psychiatrist on the Consultant Panel of the local Marriage Guidance Council; this of course I gladly accepted.

Since October 1949, 3 cases have been referred to me and I have, too, been asked for advice in connection with other problems of a more general nature. The work is always exacting in time as it is essential that one sees both parties in every case, and interviews are usually arranged for late evening or on Sundays. The approach is usually—and correctly—through the local Hon. Secretary and Marriage Guidance Counsellor, Mrs. C. H. Mosse of Aldwick Vicarage, Bognor Regis, though occasionally cases are referred direct by the patient's own doctor.

## **5. GERIATRICS.**

The Geriatric Service in West Sussex is well in advance of that provided in many other areas and has, in fact, foreshadowed many of the recent recommendations. It may be considered under two headings, in both of which the staff of this Hospital are actively concerned.

**A. Provided by the Local Authorities.**—West Sussex County Council provides what is termed Part III accommodation under the National Assistance Act in its former Public Assistance Institutions, North View, East Preston, and Budgenor Lodge, Midhurst, the former accepting men and women, and the latter males only. Dr Panton visits North View once a week, and Dr. Rice visits Budgenor Lodge every fortnight. All new admissions are interviewed to ensure that none is really suffering from some treatable psychiatric condition, and in addition examinations are made of other old persons as requested by the Doctor attending, the Matron, or the Superintendent.

In addition, the County Council provides accommodation at Cawley Lodge, Chichester, Bury House, Aldwick House, and more recently (opened in April 1950) Stopham House. Visits are made to these Homes on request.

**B. Voluntary.**—There has for some time been a County Committee concerned with Old Persons' Welfare, but since November, 1948, there has been in existence the Chichester, Bognor Regis and District Old Persons' Welfare Committee, a voluntary body, the function of which is to co-ordinate the work being done for old people and to attempt to repair obvious deficiencies. One of the first concrete pieces of work was the preparation, printing and distribution of a leaflet entitled "Useful Information for those over 60 years of age." This has proved very well worth while, has been widely used, and has, in fact,

been applied for by Committees and Authorities from several other areas. This Committee was also responsible for launching the Chichester Eventide Housing Association which has several ambitious schemes for the housing of Old Persons.

Dr. Rice was co-opted on to the Chichester, Bognor Regis and District Old Persons' Welfare Committee in an advisory capacity at its inception and has since been elected a member of the Committee.

## **6. CONSULTANT SERVICE.**

In each of the Hospitals where clinics are held, the psychiatrist in charge is always available for consultation for in-patients.

During 1949, 38 domiciliary visits have been made by the senior members of the medical staff.

St. Richard's Hospital was visited frequently during 1949, and 29 patients were examined and reported on, many of these being seen subsequently on frequent occasions.

During 1949, there were 20 consultations at the Royal West Sussex Hospital, and many of these patients were seen on subsequent occasions.

In the same year, 7 visits were made to the King Edward VII Sanatorium, Midhurst.

Regular weekly visits were paid to North View, East Preston and Budgenor Lodge, Midhurst, formerly known as Public Assistance Institutions. In addition to giving advice and guidance on the care, management and occupation of those resident—principally senile patients—special examinations were made of 89 cases at North View and 60 at Budgenor Lodge.

## **7. THE COURTS, POLICE and PROBATION OFFICERS.**

During 1949, 17 cases were examined and reported on, and on several occasions the psychiatrist has attended Court. We have maintained the close and friendly liaison which has existed for so long between the Courts, the Officers and ourselves, and with their collaboration we have continued to provide what we believe to be a valuable service.

## **8. CHILD PSYCHIATRY.**

**Mental Deficiency.**—In West Sussex, the mental defectives are ascertained, managed and disposed of by the Medical Officer



of Health who is responsible to the Mental Deficiency Sub-Committee of the County Council.

**Child Guidance.**—The full-time clinics at Chichester, Worthing and Horsham are administered by the Child Guidance Sub-Committee of the County Council.

## 9. PUBLIC RELATIONS.

During the year my colleagues and I have given many lectures to a wide variety of groups of people on the subject of psychiatry. We have endeavoured to inform the public whom we serve, of the aims and objects of our work and to make known the facilities available. This has given us an opportunity of debunking many odd ideas which still appear to exist, such as that psychiatry can do everything, that psychiatry can do nothing, and that the mental hospital is a grim and fearful place much more to be avoided than prison.

The response to these lectures has been most gratifying and the discussions which have followed have indicated quite clearly how genuinely interested the ordinary man and woman is in our speciality. Sometimes, after lectures, the group has visited Graylingwell to see for themselves what the hospital is like.

These lectures and visits take up a good deal of time and energy but I believe they are well worth it. Preconceived and erroneous ideas are corrected and fear and mystery are removed. This direct and personal approach has done much to gain the confidence of the public which is reflected in the much greater willingness of the patients to seek our help and advice in an early stage of their illness.

## B. GRAYLINGWELL HOSPITAL.

### 1. ADMISSIONS.

A comparison of the number and status of the patients admitted direct to the Hospital during 1948 and 1949 is given below :

	1948			1949			Increase or decrease
	M.	F.	T.	M.	F.	T.	
Voluntary	140	274	414	195	361	556	+ 142
Temporary	1	2	3	—	1	1	— 2
Certified	60	98	158	67	114	181	+ 23
	201	374	575	262	476	738	+ 163

The average age on admission was 47.3 years, while 138 or 18.7% were aged 65 or over.

75.4% of the total direct admissions were voluntary or temporary patients. Of the 181 patients classified as certified, however, 120 were admitted under Urgency Orders—an order authorising removal but lasting only 7 days. Of these, 3 left at the expiration of the Order, 2 were regraded as temporary patients, 94 continued treatment as voluntary patients and in only 21 cases was it necessary to proceed with full certification. In practice, therefore, 653, or 88.5% of the patients admitted during 1949 received treatment as either voluntary or temporary patients.

## **2. INVESTIGATION.**

Immediately after admission the patient is subjected to a comprehensive series of investigations to enable an accurate assessment of his condition to be made and whenever possible to arrive at a precise diagnosis. This long and complicated procedure requires the assistance of specialist and ancillary services in addition to a searching psychological and physical examination.

**Clinical Psychologist.**—The use of standardised mental tests whereby detailed quantitative assessments of a patient's intellectual abilities, personality make-up, attitudes and aspirations may be made, are often of great help in understanding his problems or the cause of his breakdown. Where such examinations are required, patients are referred to Mrs. M. Williams, who saw 252 different patients during the last year.

**Psychiatric Social Workers.**—Owing to there having been one vacancy in the establishment of psychiatric social workers during the whole of 1949 and for the first three months of this year, Mrs. Nevell and Miss Butcher had between them to supply the needs of the whole of the catchment area of the Hospital as well as attend the three clinics. This has meant considerable overloading with work, but in spite of this they have managed to provide the family and personal histories of new cases, and they have looked after the social welfare of the patients in Graylingwell and those attending the clinics. The statistics given below indicate how extensive and diverse have been their activities.

In April 1950, Miss Barbara Nevell commenced duty as a social worker and her assistance will enable the work to be more evenly distributed and more attention to be paid to the follow-



up and after-care of all patients. Worthing and its environs, together with the Worthing Clinic, are served by Mrs. E. E. Nevell. Miss M. J. Butcher attends the Chichester Clinic and works in the south-west part of the county. Miss Nevell devotes her time to the northern part of the county and attends the Horsham Clinic.

### Social Workers' Department.

#### Statistics—1949.

1. Histories	...	...	...	533
2. Attendances at Out-patient Clinics	...	...	...	137
3. Follow-up Visits	...	...	...	351
4. Interviews at Labour Exchanges & with Employers				207
5. Sundry interviews etc., including:				
(1) Conveyance and personal help for in-patients				134
(2) Out-patients—home visits re domestic and social difficulties	...	...	...	117
(3) National Assistance Board	...	...	...	33
(4) County Hall:				
(a) Children's Department	...	...	...	8
(b) Welfare Department	...	...	...	3
(c) Education Department	...	...	...	1
(d) Public Health Department	...	...	...	1
(e) Treasurer's Department	...	...	...	1
(5) Ministry of National Insurance	...	...	...	17
(6) Housing Managers	...	...	...	19
(7) Child Guidance Clinics	...	...	...	8
(8) W.V.S.	...	...	...	3
(9) Welfare Officers	...	...	...	17
(10) Probation Officers	...	...	...	20
(11) Finding Accommodation	...	...	...	29
(12) Out-patient Social Club attendances and interviews re Club activities	...	...	...	61

**Laboratory and X-Ray Department.**—The Chief Technician, Mr. H. A. Seymour, has to assist him another trained technician, Mr. A. Mair, and a student, Miss Ann Jefferies, the department having been approved for the purpose of training.

The practice of subjecting all new admissions to routine systematic laboratory and X-ray investigations has been continued. We regard the information so obtained as indispensable for accurate diagnosis and to enable us to administer physical treatments with safety. The department was also used extensively in the diagnosis and treatment of intercurrent illnesses occurring in the Hospital. In addition, 53 out-patients had laboratory and X-ray investigations made in the course of

their physical examination.

The following table gives some details of the work done during 1949:—

**Blood :**

Kahn	..	..	..	..	..	..	..	951
Counts (including Hb. and differential)	..	..	..	..	..	..	..	1028
Urea	..	..	..	..	..	..	..	822
Sedimentation	..	..	..	..	..	..	..	1556
Bromide	..	..	..	..	..	..	..	785
Fasting Sugar	..	..	..	..	..	..	..	1035
Sugar tolerance curves	..	..	..	..	..	..	..	43
Culture	..	..	..	..	..	..	..	3
Van den Burgh	..	..	..	..	..	..	..	14
Malaria Parasites	..	..	..	..	..	..	..	15
Widal (Typhoid and Dysentery)	..	..	..	..	..	..	..	3112
Cholesterol	..	..	..	..	..	..	..	13
Sodium	..	..	..	..	..	..	..	20
Calcium	..	..	..	..	..	..	..	7
Chlorides	..	..	..	..	..	..	..	18
Potassium	..	..	..	..	..	..	..	1

**Cerebro-Spinal Fluid** (complete examination) .. .. 92

**Urine :**

Routine	..	..	..	..	..	..	..	2609
Culture (Typhoid, Dysentery, etc.)	..	..	..	..	..	..	..	745
Urea	..	..	..	..	..	..	..	5
Bile	..	..	..	..	..	..	..	4
T.B.	..	..	..	..	..	..	..	56

**Faeces :**

Culture (Typhoid, Dysentery, etc.)	..	..	..	..	..	..	..	718
Occult blood	..	..	..	..	..	..	..	16
Tubercle bacilli	..	..	..	..	..	..	..	43
Worms and Ova	..	..	..	..	..	..	..	10

**Sputum :** Tubercle and other organisms .. .. 75

**Nasal and Throat Swabs :** Diphtheria, etc. .. .. 92

**Fractional Test Meals** .. .. 22

**Sections** .. .. 35

**Water :** Bacteria, etc. .. .. 12

**Miscellaneous** .. .. 32

**Electro-cardiographs** ... .. 33



## X-RAY DEPARTMENT.

Number of Patients X-Rayed	..	..	..	..	1150
Chest .. .. .	473	Femur and Hip	..	51	
Spine .. .. .	193	Knee .. .. .	..	19	
Sinuses.. .. .	54	Tibia and Fibula	..	10	
Sacro-iliac and Coccyx	9	Ankle .. .. .	..	21	
Humerus and Shoulder	49	Foot .. .. .	..	14	
Elbow .. .. .	15	Skull .. .. .	..	135	
Radius and Ulnar ..	3	Abdomen .. ..	..	9	
Hand .. .. .	33	Gall Bladder ..	..	8	
Wrist .. .. .	28	Kidney .. .. .	..	2	
Ribs .. .. .	4	Barium Meals	..	10	
Pelvis .. .. .	11	Barium Enemata	..	3	
Air Encephalographs	5	Dental .. .. .	..	15	

**Electro-Encephalography.**—This department is now firmly established and, as we expected, has proved itself to be of the greatest assistance in diagnosis, while it has already given strong indications as to its wide scope in the field of research. Since April 1949, some 400 E.E.G. recordings have been done. This represents investigation on 300 patients, repeat recordings having been done in many cases. The main bulk of the routine patients were referred for the purpose of assisting in the diagnosis of epilepsy and of organic pathology. 122 patients were referred as epileptic or query epileptic, and 58 as organic or query organic. The remaining patients comprised a large group undergoing E.E.G. investigation in relation to E.C.T. and a small group of mixed patients were examined mainly for interest. In addition to supplying the needs of our own Hospital, we have had a number of patients sent to us from neighbouring general hospitals and mental hospitals.

The technician, Mr. J. C. Shaw, works under the direction of Dr. G. Parsons-Smith, Consultant Physician in Neurology and Electro-encephalography, and while so far the investigations carried out have been mainly to assist in diagnosis, it is confidently anticipated that the electro-encephalograph will be able to make an important contribution to the work of the Department of Clinical Research.

**Consultant and Specialist Services.**—The Consultant Physician attended on request. During 1949, he visited the Hospital on 12 occasions and gave valuable assistance in many difficult cases.

The Consultant Psycho-Analyst continues to visit the Hospital from time to time and we have been most fortunate in

having the benefit of his vast experience in psychotherapy.

The Consultant Surgeon had 54 sessions, and during the year he performed 67 operations (M.25, F.42).

The Radiologist visited the Hospital each week. During 1949, 1174 patients attended his department.

The Pathologist spends two days each week in the Hospital. He conducts most of the post-mortem examinations and he supervises the work of the laboratory.

The Ear, Nose and Throat Surgeon held 40 clinics. The practice was continued of subjecting all new patients to a routine examination with special reference to focal sepsis. During additional sessions the following operations on patients and staff were performed: 14 tonsillectomies (M.7, F.7), 5 antrostomies (M.3, F.2).

The Ophthalmologist attended on 12 occasions. 89 patients (M.17, F.72) were examined and one female patient was operated upon for the removal of a cataract.

The Dermatologist visited on request. During 1949 he examined 27 patients (M.20, F.7).

The Dental Surgeon conducts a weekly clinic. Long stay patients who are well enough to attend have at least one routine inspection a year, and emphasis is placed on conservative treatment and oral hygiene. More frequent routine inspections are, of course, desirable, but unfortunately it is not possible to arrange these at present. All new admissions were examined with special reference to focal sepsis. Last year 1078 patients (M.443, F.635) visited the clinic.

### 3. TREATMENT.

**Psychotherapy.**—The battery of physical treatments now at our disposal has not obviated the need for psychotherapy, and in this Hospital there has been no tendency for the medical staff to become wholly obsessed by them. In fact, the reverse has been the case. The physical treatments are often dramatic in the way they relieve symptoms, but there still remains the patient himself and more time is being devoted to personal discussion. We believe that these psychotherapeutic interviews are essential in the treatment of all patients before discharge can be considered.

We are also privileged in having as a part-time member of



the staff, Dr. Olive Sharp who specialises in psychotherapy. She reports :

“During the year the weekly five half-day sessions have been spent in three main activities :

1. **TREATMENT:** Sixteen cases in all have come under treatment: 4 for a few weeks only, and the rest for six months or over. Of these, 8 have completed their course, two subsequently marrying, and all are following their normal occupations.

Of the five cases still continuing from last year, all were so severely disturbed as to need in-patient care for 2—18 months; three were recommended for immediate leucotomy by colleagues, but so far it has been found possible to avoid this treatment, and all five are now living at home.

Three long-term cases have been taken on during the year, all out-patients.

2. **CONSULTATIONS:** About 50 diagnostic interviews and consultations have taken place in conjunction with in-patients or those attending Clinics.

3. **INSTRUCTION:** A course of seminars was given to Junior Medical Officers during July and August 1949. Considerable time has also been spent in discussion and following through of cases under psychotherapeutic treatment by colleagues.”

**Narco-Analysis and Abreactions.**—Dr. Tibbetts reports : “The use of narco-analysis and abreactive techniques has been extended considerably during the past year. Broadly speaking, the purpose of these treatments is to explore psychological material which would be unlikely to come to light in ordinary talks with the patient and to release pent-up emotion where this seems to be contributing to the symptoms. The drugs and techniques are varied according to the nature of the illness and the particular results required.

The total number of narco-analyses (using sodium amytal, thiopentone or methedrine intravenously) has been 51 and ether abreactions 7. There have been a number of gratifying results and no adverse effects or undesirable complications.

An allied and relatively new form of treatment is that of carbon dioxide inhalation. A mixture of 30% carbon dioxide and 70% oxygen is used; inhalation brings about transient unconsciousness and certain physical manifestations due to a change in oxygen supply to the brain. Particular interest

attaches to this treatment since its effects were first reported in America by Von Meduna, to whom goes the credit for the original introduction of convulsant treatment.

So far we have given 71 treatments to a total of 7 patients. We are not justified in drawing conclusions from such small numbers, but it seems likely that we shall be in agreement with other workers in this country, that the original reports in America were too optimistic. This form of therapy carries few risks and is worthy of more extended trial, especially in treating certain hysterical disorders and patients suffering from depersonalisation."

**Electric Convulsant Therapy.**— During 1949, 280 patients (M.60, F.220) had electric-shock treatment. Depression was the main indication for this treatment and the results were good. The comfort of the patients undergoing this treatment receives constant attention and we have found that there are many advantages in giving it in the evening. A number of dull stuporose and excited patients received maintenance E.C.T. with fair results.

146 patients (M.53, F.93) were given "Glissando" E.C.T., again in the relief of depression. We believe that the slower onset of the convulsion in this form of E.C.T. makes it safer in the treatment of the elderly and the debilitated and there is less liability to fracture—both spinal and long bone.

**E.C.T. with Curare.**—During 1949, curare premedication, by paralysing the muscles and thereby substantially reducing the violence of the convulsion, enabled 26 patients (M.15, F.11) to undergo E.C.T. to whom otherwise it would have been debarred owing to physical disabilities such as deformity, general enfeeblement, etc.

**Electro-narcosis.**—Owing to the great discomfort it caused the patients and the unsatisfactory results obtained, it was decided to discontinue this treatment. It was with regret that we were compelled to come to this decision as we had hoped that electro-narcosis would have been of benefit to certain types of patient who remain resistant to all forms of therapy. It is constantly under consideration, however, and if it can be suitably modified it will be made available for our patients.

**Cardiazol.**—Last year 25 patients (M.20, F.5) had this chemically induced convulsion therapy. It was used with great benefit in the treatment of confusion and excitement.



**Insulin.**—Dr. Charlton, who is in charge of the insulin unit, reports as follows :

“ The Insulin Unit had another busy and successful year in 1949, when there was a total of 71 full treatments given compared with 45 in 1948, an increase of 58%. An analysis of the results is given in the table below, where it will be seen that all the patients treated were suffering from schizophrenic disorders for which insulin therapy is the nearest to a specific treatment that we yet possess.

	Recovered M. F. T.			Improved M. F. T.			No Change M.F.T.			Total M. F. T.		
Schizophrenia	11	16	27(38%)	15	16	31(44%)	5	8	13(18%)	31	40	71

These figures should be considered with the knowledge that, although priority was given to cases of recent onset, it was not felt that treatment could be withheld from even long-standing cases where there was any hope of remission.

It will be seen that 82% of the patients treated showed either full recovery or significant improvement, and only 18% showed no change. Of the former group 47 (66% of the total) have already taken their discharge from Hospital and there is still hope that a number of the remainder will improve sufficiently to do so in the near future. No relapses have been seen in any of this discharged group.

Electro-cerebral treatment was given in combination with deep insulin therapy in 8 men and 19 women, more especially those where affective symptoms such as depression or undue excitement were prominent.

The actual number of comas given varied widely, as many as 60 being given in some cases and as few as 20 in others, the average number being 32. It was notable that the schizophrenic reactions seemed to resolve quickly with a small number of comas.

Contrary to general experience it was found that the paranoid types did not do too well, many relapsing after initial improvement and requiring other forms of treatment such as pre-frontal leucotomy. This may be, in part at least, due to the relatively longer duration of these insidious paranoid psychoses which may extend over many years before treatment is instituted. The best results were obtained in the catatonic and acute reactive states of recent onset.

The conclusion to be reached from the year's work is that

every effort should be made to give really early treatment in cases of schizophrenia before irreversible changes occur, for with early treatment the results are uniformly good."

**Modified Insulin.**—This treatment, employing insulin in sub-coma dosage is now extensively used. It has been most helpful in the treatment of Anxiety States where tension, anorexia with lowered body weight, and other psycho-somatic symptoms were prominent features. In addition, however, it has been used with great success in the management of excited and disturbed patients, reducing the need for sedation and enabling many patients previously hostile, irritable and moody, to work in the Occupational Therapy Department and Centres and to take part in the social life of the Hospital. During 1949, 292 patients (M.99, F.193) had the benefit of this treatment.

**Prolonged Narcosis.**—This was given to 5 patients (M.3, F.2). The period of continuous sleep lasted from 10 to 15 days and benefited cases of acute agitation and restlessness.

**Malaria and Penicillin.**—Only 2 patients, both men, suffering from General Paralysis were admitted to the Hospital last year. One, following Malaria Therapy, was making satisfactory progress, but unfortunately he died during a cerebral seizure. The other was given a course of Penicillin and has subsequently had Malaria. He has improved physically but as yet shows little change in his mental condition.

**Pre-frontal Leucotomy.**—This treatment was first introduced into the Hospital in October 1942, since when Mr. A. G. Ross has operated on 388 patients (M.166, F.222). This considerable experience in this empirical treatment has enabled us to arrive at certain conclusions, although we are still without a completely satisfactory explanation as to how or why the treatment works. We remain firmly of the opinion, however, that leucotomy should not be used as a primary treatment, but that the patient should have had the benefit of other treatments before the operation is considered. The indications for leucotomy are now more precise and our selection of cases has, therefore, improved. Severe mood swings, tension and aggression are possibly the most important indications, although other symptoms and manifestations may, of course, have to be taken into account. Certain contra-indications have also become obvious particularly in relation to the patient's pre-morbid personality, the amount of deterioration which has taken place, and his social background. Leucotomy, however, is now established as a major form of treatment and in our large series of cases it has



enabled more than half of these patients to leave the Hospital. In this respect it should be remembered that all the patients treated were chronic cases suffering from painful and distressing mental disorders, they had failed to respond to other treatments and without leucotomy their prospects of ever leaving hospital were extremely remote. Finally, many of the patients who have had this treatment, but still remain in Graylingwell, are much improved and are able to take an active and personal interest in their surroundings and enjoy the social life of the Hospital.

#### 4. SOCIAL THERAPY.

Dr. Charlton, who supervises, where necessary, the many activities included in this treatment reports as follows :

“In recent years social therapy has received increased attention as its importance in a comprehensive treatment programme has come to be more and more realised. The two principal problems calling for social therapeutic techniques are, one, the education and improvement of the social adaptation of patients in a large proportion of whom faulty patterns of behaviour were a contributory cause to their breakdowns, and, two, the maintenance of a high standard of social behaviour in the longer stay patients, so that they may at any time be able to resume their places in the outside world, well able to mix and not to ‘feel out of it.’

Patients differ very widely in their needs, and accordingly a varied and comprehensive programme is required to ensure that the needs of all are satisfied. Such a programme has been carried out at Graylingwell for a number of years although it is constantly being further developed and extended. Before going on to outline some of the facilities which are available, it is necessary to pay tribute to the staff whose interest, enthusiasm and unflinching efforts have done so much to achieve the results which are discussed below.

**Religious Services.**—Full facilities are provided for divine worship and devotional practices. Church of England, Non-Conformist and Roman Catholic Chaplains hold regular services, which are well attended ; the services at Christmas and Easter, when the Church is attractively decorated, being especially popular. The Chaplains have complete freedom of movement within the Hospital, frequently visiting the wards, where their spiritual guidance is much appreciated by the patients and often most helpful in treatment.

**Occupational Therapy.**—The policy of ‘full employment’ is followed in the Hospital, the employment and occupation of all patients being organised by Miss M. Thompson, the Head Occupational Therapist, in close consultation with the medical staff. An individual programme is worked out for each patient which is designed to be progressive and is directed towards bringing that patient to full working capacity by easy stages. Assisting Miss Thompson there are three qualified occupational therapists and two carpenters. There are also student therapists in training, of whom six undertook their practical experience at Graylingwell during 1949.

In addition to the main occupational therapy department, there are eight separate centres in the wards, an increase of one during the past year. It is hoped that further expansion will be possible in due course. Fortunately good supplies of materials have been obtainable during the year and a very wide variety of occupations have been available, enabling us to provide suitable employment for all patients, in almost any stage of illness. During the past year increasing emphasis has been placed upon constructional and practical utilitarian projects in the hospital.

Over 75% of the patients in the Hospital are now fully occupied, a proportion which is difficult to improve upon in view of the large numbers of senile and physically ill patients at present being admitted. Simple handicrafts are provided for all those who, although in bed, are able to undertake them and some success is being achieved with this group.

**Art Classes.**—These classes were started three years ago by Miss Hipwell and Miss Webb of the Bishop Otter College. Unfortunately these two ladies left during 1948 to take up other posts, but through the kindness of Mrs. J. D. Morrissey, assisted by Mrs. M. Williams, the Clinical Psychologist, the classes were continued until, in the spring of 1949, we were fortunate enough to obtain the help of Miss McRirick of the Bishop Otter College, who has since continued the classes weekly. They are extremely popular, so much so that it has been found necessary to exercise a degree of selection of those wishing to attend. Two lines of approach are being followed. Firstly the purely creative, in which the class is used in a diversional way, as an outlet for self-expression, and secondly, as an adjunct to psychotherapy, it having been shown that the artistic productions of patients under treatment frequently contain, in symbolic form, repressed material less readily accessible in the more usual methods of



approach.

In addition to these activities, the Hospital regularly receives copies of well-known pictures, on loan from the British Red Cross Picture Library. These are circulated throughout the wards, being changed frequently, and have aroused considerable interest.

**Magazine.**—‘The Wishing Well,’ which is produced entirely by the patients, has appeared regularly since the first number was printed in January, 1947. The high standard of contributions and the fact that it is written, printed and distributed by the patients themselves is a matter of pride to them, each issue being eagerly awaited.

**Concerts.**—Classical concerts, arranged by the Council for Music in Hospitals, have been given regularly each month since March, 1947. The high quality of performance and interesting selection of programmes has resulted in a sustained high level of attendance which is never less than 250 or so, although entirely voluntary. As an indication of the quality of the concerts, there follows a list of the artistes who have visited the Hospital since May, 1949.

1949.

May	...	...	Donald Munro	...	<i>Baritone</i>
			Hubert Greenslade	...	<i>Pianist</i>
June	...	...	Harold Fairhurst	...	<i>Violinist</i>
			Reginald Paul	...	<i>Pianist</i>
July	...	...	Mierowski	...	<i>Pianist</i>
August	...	...	Mary Bonin	...	<i>Soprano</i>
			Bruno Raikin	...	<i>Pianist</i>
September	...	...	Edward Howitt	...	<i>Clarinetist</i>
			Sheila Mossman	...	<i>Pianist</i>
October	...	...	Jan Van der Gucht	...	<i>Tenor</i>
			Dorothy Manley	...	<i>Pianist</i>
November	...	...	Laelia Finneberg	...	<i>Soprano</i>
			Hubert Greenslade	...	<i>Pianist</i>
December	...	...	The Sturdy String Quartet		

1950.

January	...	...	Dale Smith	...	<i>Baritone</i>
			Hilda Bertram	...	<i>Pianist</i>
February	...	...	Mary Wilson	...	<i>'Cellist</i>
			Phyllis Mander	...	<i>Soprano</i>
			Phyllis Thorold	...	<i>Pianist</i>
March	...	...	Eve Maxwell-Lyte	...	<i>Soprano</i>
			Robert Keys	...	<i>Pianist</i>
April	...	...	Joan Davies	...	<i>Pianist</i>
May	...	...	Ronald Stear	...	<i>Bass-baritone</i>
			Ivey Dickson	...	<i>Pianist</i>

The programmes consisting of serious music have provided entertainment and instruction on a high level. One result has been the stimulation of a great deal of interest in serious music so that regular sessions of recorded music are now being given in the wards in response to many requests, an excellent selection of classical records having been obtained on loan from the British Red Cross Library Scheme.

In addition to the regular monthly concerts, we have had a number of other musical events of interest. These include two visits from the Slindon Operatic Society, who gave performances of 'The Gondoliers' and 'Iolanthe' which were deservedly popular. On Good Friday we had a fine vocal and organ recital of sacred music when the Sub-Deanery Augmented Choir, under the direction of Mr. E. C. England, gave a rendering of Stainer's 'Crucifixion,' with solos by Mr. Goff and Mr. Whitehead.

Other musical activities have included the formation of a percussion band by the Rev. P. J. Spooner, which is proving as successful as are his regular Thursday afternoon gatherings for community singing.

**Library.**—There is a central library at which books may be changed on any weekday, whilst smaller but varied selections of books are available in each ward and are changed regularly. The library continues to be very popular and there is a considerable demand for books. Our thanks are due to the St. John and Red Cross Hospital Library Department for their great help.

**Recreational Therapy.**—The widest possible freedom of movement consistent with their state is given to all patients. There is a large number of completely open wards, all of the patients in which may freely walk in the grounds whilst many are free to visit the town unaccompanied. Weekend and holiday leave at home are encouraged and practised extensively with considerable benefit.

There are good facilities for all forms of outdoor recreation. The patients' own football and cricket teams have full fixture lists including many games, both home and away, with neighbouring teams. The teams are usually accompanied to their matches by members of their 'supporters' club.' The women patients find hockey and stoolball very popular, but also play cricket, having an annual challenge match with the men. This was an outstanding event last year. For those who prefer tennis a number of courts are available. During the summer months regular cross-country rambles are organised, and for the less



energetic motor coach excursions are provided to the seaside.

There is a full programme of indoor recreation and amusement, the wards being liberally supplied with pianos, radios, books and papers. A popular recent addition has been that of radio-gramophones, primarily in response to the increasing interest in serious music, but also useful for popular music in ward parties or impromptu dances. Frequent inter-ward contests are arranged, including such varied games as billiards, darts, table tennis and chess. These are keenly contested and very popular. During the winter months each ward gives a party, to which patients from other wards are invited for refreshments and entertainment.

Cinema shows, which are held twice weekly, are expected to be even more popular following the installation of new projection equipment. An interesting selection of recent films has been shown. On Christmas Eve the staff presented an excellent concert which was very much enjoyed. This is a regular annual feature which is always most appreciated and forms one of the highlights of the festive season. During the year we were very fortunate in having visits from the Barnstormers, who gave us two plays in lighter vein, 'See How They Run' and 'Easy Money'; the Catholic Drama Club, under the direction of Father Harte, who gave us 'The Poltergeist,' and the Emsworth Dramatic Society, who in a more serious vein gave us a fine production of 'Pygmalion' by Bernard Shaw. All these plays were much appreciated and our thanks are due to all those whose efforts made them possible. A popular revue 'Out of the Hat,' rounded off our entertainment calendar for the year.

**Canteen.**—The Canteen, which is open daily, has been well supplied and deservedly popular.

**Hairdressing.**—The Ladies' Hairdressing Salon has been busy throughout the year, being much appreciated and having an excellent effect on the morale of the women patients.

**Social Clubs.**—There are two patients' social clubs, one at Summersdale Villa and the other in the main building intended for longer stay patients. These are run by patients' committees who show great interest and initiative. Each club is guided unobtrusively by senior members of the staff who attend the meetings and assist, where possible, in the organisation and planning of activities. The initiative, however, is that of the patients themselves. Meetings are held regularly in the evenings

and are well attended by both men and women patients. Not only interest and entertainment are provided, but through discussions and group activities better understanding is developed and social skills cultivated so that many are assisted to a degree of social adaptation which they formerly lacked. Examples of club activities which may be mentioned are musical evenings, debates and discussions, dances and whist drives. Recently a most successful evening centred round a mock trial which was both instructive and amusing.

**Rehabilitation.**—When patients are about to be discharged from hospital and rehabilitation or convalescence are considered advisable, these can be provided under ideal conditions at our Centre in Worthing, a report of the activities of which is given elsewhere. For those not requiring actual convalescent treatment but who wish to continue the companionship and social interests which they have found in hospital, referral to one or other of our out-patient social clubs is practised. Here, too, friendly supervision and guidance are given by a senior member of the staff who is always present.

Finally, mention should be made of the part played in rehabilitation by our Psychiatric Social Workers, both directly and through their close liaison with the Disablement Resettlement Officers of the Ministry of Labour, who are extremely helpful in aiding discharged patients to appropriate employment."

## 5. DISCHARGES.

The following table gives the discharges, departures, etc., during the year 1949 :—

	Voluntary			Temporary			Certified			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Recovered ...	93	197	290	—	—	—	8	9	17	101	206	307
Relieved ...	67	159	226	—	—	—	4	5	9	71	164	235
Not Improved	22	14	36	—	—	—	—	1	1	22	15	37
By operation												
of law ...	—	—	—	—	—	—	2	—	2	2	—	2
Transferred...	—	—	—	—	—	—	1	2	3	1	2	3
	182	370	552	—	—	—	15	17	32	197	387	584

During the year, 308 patients recovered from their illness and were discharged—a recovery rate of 41.6% calculated on direct admissions. In addition, 235 patients whose condition was relieved left the Hospital. Calculated upon the total



number of direct admissions, these two figures together give a percentage of 73.5 recovered and relieved.

6. GENERAL HEALTH.

Apart from the considerable number of patients admitted in very poor physical condition, the general health of patients and staff has been satisfactory during last year.

On 31st December, 1949, there were only 4 patients (M.2, F.2) suffering from Pulmonary Tuberculosis. Unfortunately, three members of the staff were affected--two nursing sisters and one male staff nurse. I am very pleased to report, however, that they are all making satisfactory progress.

The Physiotherapy Department continues to provide the required treatments, including massage, remedial exercises, actinic rays, faradism, and ultra-short wave diathermy. Mrs. M. Harry is in charge and she holds five sessions a week.

The Chiropodist visits the Hospital each week and his services have been much appreciated by both patients and staff.

During 1949, the last of the wards previously used by the E.M.S. Hospital was taken over by Graylingwell and the bed state is now on a pre-war level. The wards on both sides of the Hospital have been re-classified and we are now able to offer accommodation appropriate to a wide variety of patients. On each side there are three reception wards enabling new admissions to be graded according to their condition--co-operative and well-conducted recent cases, those requiring a little closer observation, and the acutely excited and disturbed.

More than two-thirds of the wards of the Hospital are open to the gardens or the grounds and during the year the standard of comfort and homeliness was substantially raised in many wards. In this last respect much of the credit must go to the patients and the staff who, on their own initiative and at their own expense, have done much to make the wards bright and attractive.

7. DEATHS.

Below are given figures relating to the deaths which occurred during 1949 :—

		M.	F.	T.
Voluntary	...	34	33	67
Temporary	...	—	2	2
Certified	...	35	52	87
		69	87	156

The average age at death was 68.5 years. Post-mortem examinations were made in 85.2% of the cases. The death-rate was 14.1%: last year it was 8.3%.

As forecast in my last Annual Report, there has been a great increase in the death rate and this has been due entirely to the admission of a large number of elderly patients in a feeble state of health. 90 of the patients who died were 70 years of age or over, 60 were 75 or over, and 30 were 80 or over.

Of the 156 patients who died during last year, 9 had been in the Hospital less than a week, 28 less than two weeks, 34 less than three weeks, and 40 less than a month, while 56, or 35.9% of the total, died within three months of admission.

The problem of the senile patient, however, is a national one and not peculiar to Graylingwell alone. Unfortunately at present there is a tendency throughout the country to certify old people showing signs of deterioration and send them into mental hospitals to die. This appears to me to be most unfair to the patients and to the hospitals.

## **8. DEPARTMENT OF CLINICAL RESEARCH.**

The activities of this department have suffered severely through the absence of a director for most of the time since January 1949. Dr. Brody, who was appointed in July to replace Dr. Stengel, had been in office very few weeks before serious illness prevented his being able to carry on with the interesting and valuable programme he had planned. During this short time he was able, in collaboration with Mrs. Williams, the Clinical Psychologist, to prepare two papers on the use of Mental Tests in Psychiatry, by which it was hoped to clear the ground for further research.

The Psychological Department, however, also continued investigations into the immediate effects of Leucotomy, Insulin and Electro-Convulsant Therapy on mental processes, concentrating especially on the fields of memory and perception.

It is believed that the light which such methods of study can throw on the mechanisms involved in these forms of treatment—a matter which although of great importance is still very obscure—will prove to be of great assistance, and the methods of study employed have been extended into the fields of emotion and affect.



Two papers reporting the preliminary findings have already been published in scientific journals.

During the early autumn, Mrs. Williams paid a six-weeks' visit to the United States of America to discuss and investigate research in similar subjects being carried on over there. Some interesting projects were encountered and the ideas she was able to bring back to this country were of assistance in the running of the department.

Dr. Martin Roth, M.D., M.R.C.P., D.P.M., has been appointed Director and he is expected to commence duty in July, when clinical research will once more be fully extended. The difficult interim period has been far from unproductive, however, and for this, great credit is due to our Clinical Psychologist who, working with the medical and ancillary staff, has continued much of the important work of this department in addition to her psychological investigation of new admissions.

## **9. EARLY TREATMENT CENTRE.**

In these difficult days there may not appear to be much point in referring to this project which will require a large financial outlay. It must be kept in mind, however, that a special unit of about 100 beds for the treatment of co-operative and appreciative patients is an essential extension of our psychiatric services, and one to which we are committed. So far as we are concerned, everything is in readiness: approval to the scheme has been obtained, a suitable site acquired, and plans prepared. We now only await the return of more favourable times for building to commence.

## **10. HOSPITAL STAFF.**

**Medical.**—During the period under review there have been many changes in the medical staff. First of all I deeply regret to report that Dr. M. B. Brody died on 30th December, 1949, following a long and distressing illness. As previously stated, Dr. Brody had been appointed Director of Clinical Research and his untimely death at such an early age was a great loss, not only to Graylingwell but to psychiatry wherever it is practised. Dr. Brody was a man of outstanding ability with a brilliant career in front of him and there is no doubt that had he survived he would have made a great contribution to our speciality. But in the death of Dr. Brody the Hospital lost not only an able

psychiatrist, but a very dear friend who will be grievously missed for a very long time by all who knew him.

In October 1949, Dr. R. L. Buttle left to take up the post of Consultant Psychiatrist at Fulbourn Hospital, Cambridge, and Dr. A. J. Oldham joined the staff of the Maudsley Hospital, London.

On 1st December, 1949, Dr. E. P. H. Charlton, M.D., D.P.M., commenced duty as Consultant Psychiatrist and Deputy Medical Superintendent. Dr. R. W. Tibbetts, B.M., D.P.M., was on the staff for six months as Psychiatrist. He has recently left to take up the post of Consultant Psychiatrist in Birmingham.

In addition to Dr. Charlton and myself, the present medical staff consists of Dr. D. Rice and Dr. N. E. Panton, Psychiatrists, Dr. J. D. Morrissey, Senior Registrar, Dr. M. M. Salzman and Dr. J. Towers, Registrars, and Dr. R. H. Park, Junior Hospital Medical Officer. The Hospital has been approved by the Regional Hospital Board for the training of Registrars and Dr. D. F. Macgregor has been seconded here for nine months as part of his training. We also have the part-time services of Dr. Olive Sharp, Psycho-therapist, and Dr. D. P. King, Pathologist. At present there are vacancies for one Consultant Psychiatrist, one Senior Registrar, and one Junior Medical Officer or House Physician.

The junior members of the staff have taken part in all the extra-mural activities. In the Hospital they have had an opportunity, under the guidance of their seniors, of gaining experience in the treatment and management of all varieties of cases—both recent and long-stay.

The Wednesday evening clinical meetings have been held regularly. They are attended by all the medical staff, the matron, the chief male nurse, the social workers, and the occupational therapists. The meetings are devoted to the consideration of special, and usually difficult, cases and they have proved to be of great practical as well as instructional value. A daily medical staff meeting is also held for the discussion of the many clinical and medical administrative problems which constantly arise.

The Group Medical Advisory Committee has been of great assistance during this transitional stage of the National Health Service. This year, the Chairman is Dr. Charlton and the Honorary Secretary is Dr. Panton.



**Nursing--Senior Staff.**—The Matron, Miss Lilian A. De Gras, has to assist her Miss Rowena Rees, Deputy Matron, Miss Mary Caird, Senior Assistant Matron, and Miss S. Grealy and Miss Rosalind Wheeler, Junior Assistant Matrons. Miss Beatrice Nash is the Sister Tutor.

The Chief Male Nurse, Mr. S. G. Richards, has Mr. H. G. Clinch as his Deputy, and Mr. S. G. Whitehead as his Senior Assistant.

**Nurses and Male Nurses.**—The improvement in the numerical strength of the nurses has continued although we are still appreciably below our full establishment. The part-time nurses have again been most helpful and it is through their being regular and dependable in carrying out their hours of duty that we have been able to maintain a 96-hour fortnight. Some anxiety is felt, however, about the shortage of student nurses as many more are needed if we are going to maintain a sufficient number of trained staff in the future.

During the year we have had practically a full complement of staff on the male side.

The comfort and well-being of the nursing staff is constantly under consideration and improvements and refinements are introduced wherever possible. Mrs. Rawlins, the Home Hostess, devotes the whole of her time to the welfare of the nursing and domestic staff.

The social and recreational requirements of the staff have been well catered for by the Staff Social and Athletic Club. This is a registered club with a very active committee, and throughout the year a wide variety of entertainments and recreations is available for the staff.

On joining the staff, each student nurse and male nurse is given a three months' course of tuition in the Preliminary Training School. The school is now accommodated in a new hut which has been equipped and furnished for the purpose.

**Examination Results.**—Royal Medico-Psychological Association—1 nurse passed the Final Examination, and 3 male nurses passed, two with distinction, one gaining the Campbell Clarke Prize and Gold Medal. General Nursing Council—7 nurses and 5 male nurses passed the Final Examination.

## 11. OFFICIAL VISITS.

18th May, 1949      Ex-Services Welfare Society—Commander  
Tennyson.

7th July, 1949      Commissioners of the Board of Control—Dr. R. G. Anderson and Mr. H. Green.

6th October, 1949 Ministry of Pensions—Dr. J. H. T. Harrington.

## 12. CONCLUSION.

Once again I have very great pleasure in tendering my sincere thanks to all my colleagues, both professional and lay, for their co-operation and willing assistance, and I would thank you, Mr. Chairman, Ladies and Gentlemen, for your continued help and support.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOSHUA CARSE.

*Medical Superintendent.*



# ANNUAL REPORT OF THE SECRETARY, FINANCE AND SUPPLIES OFFICER.

GRAYLINGWELL HOSPITAL,  
CHICHESTER,

*25th May, 1950.*

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report for the financial year ended 31st March, 1950 :—

## 1. GENERAL.

It is a pleasure to record that, despite the complexities and difficulties of the present time, the domestic administration of the Hospital has proceeded harmoniously and smoothly throughout the year. This is largely due to the friendly co-operation and extremely helpful consultations which exist between medical and lay administrations and which ensure a unification of purpose and policy.

The volume of work in all clerical departments is steadily increasing and it is, therefore, unlikely that we shall be able to continue to maintain the staff establishment at its present comparatively low level, even though we are extending our use of mechanical devices. An increase in staff will, however, exacerbate an already pressing problem, which is the inadequacy of the office accommodation to which, in any case, a solution must be found in the near future.

## 2. FINANCE AND SUPPLIES.

The maintenance estimates for 1949/50 having been approved in their entirety, it has been possible to complete a full year's programme of renewals and renovations, thus overtaking some of the wartime arrears. It is hoped that it will be possible to make further headway in this respect in the ensuing year.

The most careful and constant attention has been given to the important subject of dietaries; full advantage has been taken of the changes in rationing to implement, improve and vary the menus while medical surveillance has ensured that the highest possible nutritional standards have been maintained.

With regard to Capital works, the expenditure on which is, of course, strictly limited, it is regretted that the erection of 4

staff houses was unavoidably delayed, but it is hoped that work on this scheme will shortly commence.

The purchase of furniture and equipment for "Woodfield House" was practically completed before the end of the financial year. This newly acquired property is to be used as a hostel for nursing staff.

The proposal to reorganise the laundry and to install modern machinery was abandoned and instead it was decided to send all laundry work to the Central Laundry at Chichester.

### 3. ENGINEERING DEPARTMENT.

The Engineer reports as follows:—

"A supply of electricity has now been obtained from the Southern Electricity Board and 240 volts A.C. is now available in most Wards and Departments.

The total consumption of electricity was 428,645 units, of which 403,445 were generated at a cost of 2.05d. per unit, the balance of 25,200 units being supplied by the Board at 1.603d. per unit.

37,183,000 gallons of water were purchased from the City Corporation at a cost of 8½d. per 1,000 gallons. In addition, 7,848,280 gallons were pumped from our own well, the total consumption of water being 45,031,280 gallons.

The Farm water scheme was completed and water troughs are now available to serve all fields.

The boilers, feed pumps and calorifiers have been examined by the Insurance Company's Surveyors and satisfactory reports have been received.

A considerable amount of external and internal redecoration has been carried out during the year.

The erection of a hut for use as a Preliminary Training School was completed, as was the provision of lavatory basins and an additional bath in the Domestic Block. The Cinema Box has been enlarged and an additional projector installed. Two emergency exits have been provided adjacent to the Recreation Hall."



#### 4. FARM AND GARDENS.

The Farm Bailiff reports as follows :—

“1949 will go down as one of the driest years on record. Root crops and vegetables suffered most and I regret to report, that for the first time in eleven years, it has been necessary to buy vegetables from outside sources.

The attested herd of Dairy Shorthorns was, for the second year in succession, placed first for the breed in the milk records for the County, with an average yield of 11,378 lbs. for 34 full year cows; we shall now hold the ‘North Challenge Cup’ for one more year.

An overhead watering system has been introduced into the kitchen garden, which will be a great asset in dry seasons.

I cannot speak too highly of the valuable assistance given by the patients in all branches of the Farm and Gardens.”

#### CONCLUSION.

I have, in conclusion, to express my sincere thanks for the help I have received from you, Mr. Chairman, Ladies and Gentlemen, and from my colleagues in all departments.

I am, Mr. Chairman, Ladies and Gentlemen,  
Your obedient Servant,

E. C. ENGLAND,

*Secretary, Finance & Supplies Officer.*

## REPORT OF THE COMMISSIONERS OF THE BOARD OF CONTROL.

GRAYLINGWELL HOSPITAL,  
CHICHESTER,

*8th July, 1949.*

The hospital became vested in the Minister of Health on 5th July, 1948. The very high reputation which it bears is perhaps the best testimony of the services of the Visiting Committee who relinquished their responsibilities on that date. The hospital has been designated as a mental hospital, but not for the purposes of Section 20 of the Lunacy Act, 1890. It is administered, not as a unit in a hospital group, but by its own Hospital Management Committee; we think that this is an advantage.

The number of direct admissions has for some years shown a steady increase. In 1946 it was 526: in 1947, 561: and in 1948, 575. During the first six months of the current year the number shows an increase of 95 over that for the comparable period of 1948, and it seems likely that the increase for the whole year will be a large one. This may be due in part to the fact that patients and their relatives are no longer legally liable to contribute to the cost of their treatment and maintenance. Overcrowding at home may be responsible, again, for the admission of a number of senile patients who might formerly have been nursed by their relatives or who in other areas might have been received elsewhere than in a mental hospital proper; there are comparatively few institutions which receive senile patients in this area, and none of them are available for the reception of cases under the Lunacy Act. A third factor causing the increase in admissions is probably the growing appreciation by general practitioners and their patients of the value of treatment for mental illness, and this is undoubtedly due to the work done in the past by Dr. Carse and the psychiatrists on the hospital staff. It is worth observing here that not only is a detailed and helpful report furnished for each general practitioner when the patient with whom he is concerned leaves the hospital: every doctor in the area is supplied with a copy of the Annual Report of the hospital, and every effort is made to keep both doctors and public informed of the work which goes on here.

The Rehabilitation and Treatment Centre at Worthing (which is technically part of Graylingwell Hospital) has been re-



organised and it is now possible to admit 4 men and 4 women for convalescence from Graylingwell itself, and, in a small in-treatment centre, to receive 9 suitable women patients admitted directly. Dr. Panton is resident psychiatrist here.

At the Royal West Sussex Hospital, Chichester, where one of the out-patient clinics connected with Graylingwell is held, Dr. Rice, the psychiatrist in charge has now four beds at his disposal in the general wards of the hospital. Dr. Carse informed us that over a period of six months three men and seven women had been treated with very good results. This development will be watched with interest.

There were 1075 patients (383 men and 692 women) in the hospital yesterday: they were in the care of a nursing staff of 94 men and 111 women. Twenty-eight of the women perform part-time duties only; three wards are staffed exclusively by this type of worker and the arrangement was said to be a satisfactory one. In addition to the full-time nurses mentioned here two men and one woman have been seconded for general training. The majority of women nurses are resident in this hospital, and a welcome increase in numbers now makes it possible for a ninety-six hour fortnight to be worked.

The service and distribution of food from the Central Kitchen appeared to be satisfactory. Eight wards are still without hot-plates. The connecting of the hospital to the main supply of electricity may make it possible to provide some additional means of heating plates in these wards and of heating water for tea and similar drinks in all wards. We found no patient who was not well satisfied with the food served to him. There is in operation here what appears to us to be a most valuable method of detecting deficiencies and disclosing the merits of all food sent out from the kitchen. A simple form of daily report containing comments on each of the four meals of the day is returned by the charge nurse of each ward to Dr. Carse and through him to the member of the administrative staff in charge of the kitchen. The same system applies to the medical officers' and nurses' meals. A summary of any complaints is submitted to Mr. England, but the reports containing praise or blame alike are all seen by the kitchen staff.

The main Occupation Centre in F.A.1. (the ward not occupied by patients) provides various handicrafts such as rug-making, embroidery, and the making of utility garments: there are seventy women here, while in another section ten men are

engaged in carpentry. There are three subsidiary occupation centres on each side of the hospital, if the male and female centres at Summersdale are counted separately. Miss Thompson is the supervising officer and has three trained assistants and a carpenter under her direction.

The two social clubs for patients—one in Summersdale and the other in the main building—are active. The meetings are organised by the patients themselves while in the background there is friendly supervision by a member of the staff. The Social Club for out-patients known as the Concord Club is situated in Chichester and is run by Dr. Brody who organised it in the first instance. An average of about twenty patients attend, and a varied programme includes debates, Brains Trusts, games, playreadings, visits to the local theatre and film shows given by one of the members. At least once a month there has been a "Discussion Evening" led by Dr. Brody, when group psychotherapy is carried out, but this has been temporarily suspended owing to Dr Brody's illness. A similar club at the Treatment Centre at Worthing is evolving out of the social evenings, and it is hoped that it will develop on the lines of the Concord Club.

There are two psychiatric social workers attached to the hospital at present but a third post is vacant. Mrs Nevell attends the Worthing Clinic and does the visiting in the neighbourhood, while Miss Butcher attends the Chichester and Horsham Clinics and makes her enquiries concerning the patients admitted to Graylingwell from these areas. The social workers also visit the homes of patients in Graylingwell and in all cases endeavour to keep the patient in touch with his relatives. They also help with the rehabilitation of patients leaving the hospital and pay follow-up visits to those who have already left.

The mortality rate for 1948 was 8.3% as compared with the mean death rate of 6.3% for all former county and borough mental hospitals. During that year 91 patients died—41 men and 47 women. The principal causes of death were heart disease 25, arteriosclerosis 19, pneumonia 14, and malignant disease 8. Four patients died from tuberculosis (2 of each sex).

Since the last visit, three inquests have been held. Death in one case followed the operation of leucotomy; in another case, the patient concerned committed suicide by taking an overdose of phenobarbitone while absent on leave; and in the remaining case a verdict of death by misadventure was returned on a patient who fell from a window while on leave.



During the period under review 33 patients have sustained fractures. Twenty of these injuries were due to falls or to other accidental causes, four took place through the patient being pushed down by a fellow patient, four occurred during electric convulsions, in four cases the cause of the injury was unknown, while in the remaining case the patient sustained the fracture by throwing himself off a locker. In addition a male patient accidentally cut off the tips of two of his fingers while working the guillotine in the printer's shop. This instrument has now been placed in a special room. An X-ray examination was carried out in each case.

Last year two patients were notified as suffering from tuberculosis, and at the present time six men and nine women remain under treatment for this disease. Verandahs are available on both sides of the hospital but only two men and one woman have the disease in an active form. Suspected cases undergo an X-ray examination of the chest, and this is also carried out on all members of the staff when they join the hospital. A visiting radiologist attends weekly to interpret the plates.

There have been no other cases of infectious disease but one patient was transferred here with a history of suspected dysentery. No organisms have been isolated here.

Much work is carried out in the hospital laboratory where among investigations made on new admissions we may mention bacteriological tests of the intestinal contents, blood sedimentation rate, blood bromide, urea and sugar, the Widal test and Kahn reaction.

Yesterday we found that there were forty-five patients in bed (17 men and 28 women). All of these appeared to us to be receiving proper nursing care and attention. A variety of special forms of treatment are carried out at this hospital. These include electric convulsions, full and modified insulin shock, electro-narcosis (now being abandoned in favour of slowly induced fits known as "Glissando" electric convulsions), narco-analysis and psychotherapy. Up to the present time three hundred and seventy patients have undergone the operation of pre-frontal leucotomy. Dr. Olive Sharp who is a part-time member of the staff carries out deep analytical psychotherapy in selected cases on two and a half days each week. There is a department for electro-encephalography. The work here falls into both diagnostic and research categories.

The hospital has the services of a psychologist who is engaged in various forms of mental testing and in research work into the memory functions following E.C.T.

At the Rehabilitation Centre at Worthing modified insulin, narco-analysis and electric convulsions and psychotherapy are among the treatments carried out. These are also available to out-patients.

Dr. Carse is assisted by Dr Brody as Deputy Medical Superintendent; Dr. Rice and Dr. Buttle are Psychiatrists, and Dr. Nydia Panton, Dr. Oldham and Dr. Morrissey are Assistant Psychiatrists. Mr. England is the Secretary to the Hospital Management Committee and is Lay Administrator. We are indebted to Dr. Carse and to all the members of the hospital staff for the assistance they have given us in the course of our visit.

H. R. GREEN.

R. G. ANDERSON.

*Commissioners of the Board of Control.*



## CHAPLAIN'S REPORT, 1950.

*25th May, 1950.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my fifth annual report for the year ended 31st March, 1950.

It is my endeavour to bring as many as possible into touch with God and to help to create the conditions in which they can find Him.

Divine Services were held in the Hospital Chapel both Morning and Evening on each Sunday and an Evening Service in Richmond 1 each Friday for those unable to attend the Church. Holy Communion was celebrated each month in the Church, in M.A.1 Ward and Richmond 1, and in Summersdale Villa, F.A.1 and in other wards by request, also on the Festivals of Whitsuntide, Christmas and Easter, with an additional service for the Staff at 6.15 a.m. which was well attended.

On these latter occasions the Church was most beautifully decorated with flowers by the Farm Bailiff and his Staff and the decorations at the Harvest Festival with produce from the Hospital Farm and Gardens was the finest I have ever seen. The Doctors and Head Male Nurse assisted in the Services by reading the lessons and both male and female nurses sang in the choir, with a number of patients, under the leadership of Mr. C. Murgatroyd. On Good Friday there was Morning Prayer and in the evening the Choir of the Subdeanery Church, augmented by many friends and members of the Staff, sang Stainer's "Crucifixion." Mr. Ernest England was the conductor.

The Annual Carol Service was sung on the last Sunday before Christmas.

I have tried to make personal contact with as many patients as possible by visiting the wards, workrooms and social activities week by week and I believe every patient was able to speak to me if they desired to do so. I also attended to all special calls from the Staff, relatives, friends and Clergy.

The evident friendliness of the patients and the encouragement from both Doctors and Nurses help me to believe that this work is well worthwhile.

Two members of the Nursing Staff and one Male Nurse were confirmed by the Bishop of Chichester on June 16th, 1949.

I officiated at 25 funeral services during the year.

The Right Reverend C. J. G. Saunders, M.A., Assistant Bishop of Chichester and a member of the Hospitals' Chaplaincy Advisory Committee, visited the Hospital and expressed himself as completely satisfied with the work of the Chaplains and the arrangements made for their services.

I should like, if I may, to take this opportunity of recording my gratitude to the Medical Superintendent and all his Staff for the encouragement and the practical help they gave to me at all times.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOHN C. SALISBURY,

*Chaplain.*



## THE FREE CHURCH CHAPLAIN'S REPORT.

*June, 1950.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the following report on my work as Free Church Chaplain at the Hospital during the past twelve months.

The happy co-operation with the Rev. Salisbury, including the conduct of the evening worship in the Church on the second Sunday of each month, has continued throughout the year. The large congregations have joined heartily in the services.

By personal visitation of all departments I have been able to keep in touch with an increasing number of patients and the contacts formed have in many instances led to the widening and deepening of the mutual interests we have shared.

The weekly gatherings for "Community Singing" have become a special feature of my work and the evident enjoyment of those taking part has exceeded expectations. One consequence of this has been the formation of a "Percussion Band," which now leads the Community Songs at these gatherings. This innovation has proved most successful and has now a regular place among the activities of the Occupational Therapy Department. In all this I am deeply indebted to the ready co-operation of all members of the Hospital Staff.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

P. J. SPOONER.

## THE R.C. CHAPLAIN'S REPORT.

*July, 1950.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my report for the year ending 31st March, 1950.

At the present time a Chaplain's work is necessarily both religious and social, and we have tried during the past year to cater for these two aspects of the patients' lives.

Mass was offered each Tuesday, when both patients and staff had an opportunity of going to Confession and Holy Communion.

The wards were regularly visited, and Holy Communion was given to patients unable to attend Mass.

In cases of serious illness (happily very few) and before major operations, the sacrament of Extreme Unction was administered.

We recently were honoured by a visit from the Rev. T. Holland, D.D., Ph.D., D.S.C., who put himself at the disposal of the patients for Confession and religious advice.

Later in the evening the Rev. Dr. Holland addressed members of the Catholic Nurses Guild, on Leprosy.

During the year a number of patients attended Sunday Mass at St. Richard's Church, (availing themselves of the transport provided for the nurses).

At our recent mission the attendance of the Nursing Staff, at both evening and morning services was very satisfactory, and their smart appearance at the June outdoor procession evoked very favourable comment.

In February it gave us great pleasure to present, for the patients' entertainment, the Catholic Drama Club's amateur production of the "Poltergeist."

In conclusion we would like to thank Dr. Carse, the medical and nursing staff, the Farm Bailiff and his staff for their courtesy and co-operation during the year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. B. HARTE.



General Table, showing the Movement of the Hospital Population during the year, 1949.

	Voluntary			Temporary			Certified			Total			Voluntary			Temporary			Certified			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
On the Hospital Registers, 1st January, 1949 ...	144	270	414	—	2	2	251	445	696	395	717	1112												
Total cases admitted during the year ...	195	361	556	—	1	1	69	122	191	264	484	748												
Regradings ...	28	64	92	—	—	—	-28	-64	-92	—	—	—												
Total cases under Treatment during the year ...													367	695	1062				—	3	3	292	503	795
Cases discharged, departed or transferred during year :—																								
Recovered ...	93	197	290				8	9	17	101	206	307												
Relieved ...	67	159	226				5	6	11	72	165	237												
Not Improved... ..	22	14	36				2	2	4	24	16	40												
Died during the year ...	34	33	67	—	2	2	35	52	87	69	87	156												
Total cases discharged, and died, during the year ...	...	...	...	...	...	...	...	...	...	...	...	...												
On the Hospital Registers 31st December, 1949 ...	...	...	...	...	...	...	...	...	...	...	...	...	151	292	443				—	1	1	242	434	676
Average daily number resident during the year ...	...	...	...	...	...	...	...	...	...	...	...	...	152	276	428				—	1	1	240	436	676
Statutory accommodation ...	...	...	...	...	...	...	...	...	...	...	...	...												

Table showing the Admissions, Discharges and Deaths with the mean Annual Mortality, and Proportion of Recoveries per cent. on Admissions.

Year	Admitted						Discharged						Died			Remaining 31st Dec.			Average Number Resident			Percentage of Recoveries on Admissions excluding Transfers			Percentage of Deaths on Average Number Resident		
	Recovered			Relieved			Not Improved			Died			Remaining 31st Dec.			Average Number Resident			Percentage of Recoveries on Admissions excluding Transfers			Percentage of Deaths on Average Number Resident			Percentage of Deaths on Average Number Resident		
	M		T	M		T	M		T	M		T	M		T	M		T	M		T	M		T	M		T
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1917	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1918	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1919	53	103	156	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1920	54	88	142	12	17	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1921	61	82	143	18	38	56	2	3	5	12	5	17	58	225	383	245	357	602	35	29	51	35	29	51	35	29	51
1922	79	111	190	9	20	29	3	7	10	9	10	24	19	298	419	717	265	397	662	20	93	35	71	29	29	51	35
1923	44	86	130	13	20	33	3	8	11	15	15	15	30	304	448	742	302	438	740	35	13	25	64	28	69	4	06
1924	58	75	133	19	22	41	7	15	22	27	23	23	50	304	454	758	294	444	738	38	77	35	48	36	93	9	18
1925	52	88	140	18	34	52	3	33	36	24	18	42	42	305	441	746	305	441	746	36	73	43	03	40	62	7	87
1926	57	82	139	19	28	47	1	1	2	21	18	39	39	310	469	779	304	455	750	35	18	36	84	36	15	6	89
1927	68	85	153	15	22	37	4	3	7	23	35	58	58	331	481	812	316	471	787	23	08	28	57	26	06	7	28
1928	76	107	183	23	31	54	1	4	5	25	24	49	49	353	524	877	343	502	845	33	82	31	96	32	72	7	29
1929	77	97	174	24	27	51	26	11	37	23	43	66	66	351	526	877	355	522	877	33	80	30	34	31	87	6	48
1930	68	88	156	20	33	53	9	4	13	28	24	52	52	359	543	902	353	529	882	31	75	43	42	38	13	7	79
1931	69	117	186	18	44	62	11	9	20	24	27	51	51	367	565	932	362	551	913	30	00	40	00	36	50	6	60
1932	88	122	210	23	43	66	5	15	20	38	34	72	72	378	580	958	370	571	941	29	10	38	50	34	60	10	30
1933	89	132	221	30	69	99	13	7	20	24	33	57	57	389	588	977	380	582	962	36	60	56	60	38	50	6	30
1934	128	175	303	49	60	109	7	20	27	45	51	96	96	400	612	1012	397	600	997	41	00	36	60	38	40	11	40
1935	113	164	277	35	76	111	8	8	16	38	37	75	75	424	637	1061	401	622	1023	34	00	47	20	42	00	9	50
1936	106	154	260	43	73	116	16	12	15	36	51	87	87	432	630	1062	426	629	1055	41	70	49	30	46	20	8	40
1937	116	186	302	48	67	115	19	13	23	41	64	105	105	430	647	1077	430	634	1064	43	20	37	00	39	40	9	50
1938	105	174	279	29	67	96	18	18	37	41	42	83	83	422	643	1065	422	643	1065	29	30	42	90	37	60	9	70
1939	128	221	349	42	82	124	33	10	29	38	60	98	98	417	643	1060	425	638	1063	35	60	41	00	39	00	8	90
1940	128	182	310	40	86	126	42	12	19	45	61	106	106	406	639	1045	414	637	1051	32	20	48	90	42	00	10	96
1941	108	225	333	41	61	102	18	9	19	34	75	109	109	412	676	1088	409	633	1042	39	40	35	20	36	80	8	30
1942	92	176	268	52	81	133	16	5	8	34	67	101	101	397	672	1069	409	665	1074	57	77	46	55	50	37	8	31
1943	119	194	313	50	123	173	22	11	18	39	49	88	88	394	667	1061	389	664	1053	42	37	64	06	55	80	10	02
1944	124	236	360	62	132	194	25	8	9	37	56	93	93	386	677	1063	385	671	1056	51	20	57	10	55	10	9	60
1945	150	289	439	71	163	234	22	7	18	43	68	111	111	393	679	1072	385	671	1056	47	97	57	39	54	16	11	16
1946	205	321	526	92	174	266	44	11	23	45	67	112	112	406	677	1083	396	684	1080	44	90	54	20	50	60	11	40
1947	224	350	574	92	191	283	73	14	28	42	79	121	121	409	665	1074	404	658	1062	41	80	56	00	50	40	10	40
1948	208	381	589	82	158	240	68	20	48	44	47	91	91	395	717	1112	404	697	1101	40	80	42	25	41	74	10	89
1949	264	484	748	101	206	307	72	16	40	69	87	156	156	393	727	1120	392	713	1105	38	50	43	30	41	60	17	60







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